		LEXPENSE CLAIM				Instructio					Page	1 :	of 1	Pages	
STD. 262 (REV. 06/93) (CIWMB AUTOMATED 08/93)  CLAIMANT'S NAME						atement on Reverse Side SSAN OR EMPLOYEE NUMBER *						DEPARTMENT			
Cynthia Tuck							On File	е	Cal/	Cal/EPA					
CB/ID NUMBER							OR BUREA				INDEX NUM	IBER			
Undersecretary						Office	of the	Secretar	У				TELEPHON	E NUMBER	
1001 I Street						1001 I	Street						916.324.3708		
						CITY						STATE	•	ZIP CODE	
Sacr	amer	nto (3)	CA (4)	95814		Sacrai		T	(7)	TRANSPORTATIO	CA		(8)	95814	
Jan-10		(3)	(4)		(5) MEALS	T	(6)	(A)	(B)	(C)	(D)		(0)	(0)	
		LOCATION				N/C, RELO				CARFARE				TOTAL	
(2)		WHERE EXPENSES		BREAK-		OR	INCIDEN-	COST OF	TYPE	TOLLS,		TE CAR USE		EXPENSES	
	TIME	WERE INCURRED Sacramento - Monterrey,	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
9/1	10:30	Mexico	\$179.45		\$23.00			\$368.47	Α		16	\$8.80		\$579.72	
9/2	cont'd		\$179.45	\$14.00	\$23.00		<b>\$</b> 18.00							\$234.45	
9/3/	cont'd		\$179.45		<b>4</b> 23.33		\$18.00							\$211.45	
0/4	12:00a	Monterrey, MX - Sacramento,	<b></b>		#22.00	\$37.00		\$368.47	٨	<b>ΦΕΩ ΩΩ</b>	1.0	\$8.80		\$507.27	
9/4	12.00a	CA			\$23.00	\$37.00	\$10.00	\$366.47	А	\$52.00	16	\$0.00		\$507.27	
			1												
		AIRFARE (Not included in subt													
		OAR RENETAL WALLS IN LIST													
(10)		CAR RENTAL (Not included in													
		TOTALS	538.35	28.00	69.00	37.00	54.00	736.94		52.00		17.60		1532.89	
		JMN CODE (ACCTG USE ONLY)											I		
	CLAIN	M TOTAL												1532.89	
(11)		SE OF TRIP, REMARKS AND DETAILS (Attach red esented CA at Environmental Meeti	•		,	foronco	Llead da	cor sirport	narkir	na duo to	(12) NORMAL WORK HOURS 8:00-5:00				
		ght return time and safety.	пцѕ альог	uei Gove	eniors com	ierence.	<u>oseu ao</u>	isei aiipuit	parkii	iq dae to	(13) P	_		NSE NUMBER	
		,													
											(14) N	IILEAGE RA	TE CLAIMED	)	
											ΔISE	0.55 -NEY AL	cents	JIS LIEEUSE	
(15)	State of	BY CERTIFY That the above is a true statemer California. If a privately owned vehicle was u	ised, and if mi	leage rates	exceed the m	inimum rate	, I certify that	at the cost of o	peratin	g the					
	0753 an	was equal to or greater than the rate claimed, and 0754 pertaining to vehicle safety and seat h			equirements a						<u> </u>				
CLAIMA	NT'S SIG	GNATURE		DATE		(16.) SIGN	NATURE OF	OFFICER AF	PPROVI	NG TRAVEL AND	) PAYM	ENT	DATE		
(17.) SI	-ECIAL E	EXPENSE AUTHORIZATION - SIGNATURE a	and IITLE	(See Item	17 on reverse	<i>)</i>							DATE		

STD. 262 (REV. 06/93) (CIWMB AUTOMATED 08/93) Sta						Instruction tement or	i Reverse	Side	Page	Page 1 of 1 Pag					
CLAIMANT'S NAME  Cynthia Tuck						SSAN OR	EMPLOYE On Fi	E NUMBER *		DEPARTMENT Cal/EPA					
CB/ID NUMBER						DIVISION	OR BURE	UA	~ .	ou.		INDEX NUMBER			
								Secretar		TELEPHONE NUMBER					
						1001 I	Street				STATE		916.324.3708 ZIP CODE		
Sacramento CA				T	95814 (5) MEALS	Sacramento			(7) TRANSPORTATIO			CA	(8)	95814	
Sep-09		(3)	(4)		(5) MEALS	N/C,	(6)	(A)	(B)	(C)	(D)			(9)	
(2)		LOCATION WHERE EXPENSES		BREAK-		RELO	INCIDEN-	COST OF	TYPE	CARFARE TOLLS,	PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
9/15	4:30	Sacramento - San Diego, CA		\$6.00		\$18.00					16	\$8.80		\$32.80	
9/15	23:00	San Diego - Sacramento, CA								\$9.00	16	\$8.80		\$17.80	
9;16	17:00	Sacramento/San Francisco	\$188.01			\$18.00			Т	\$52.00			\$12.50	\$270.51	
9/17	21:30	San Francisco/Sacramento		\$6.00	\$10.00	\$18.00	\$6.00							\$40.00	
9/18	8:15	Sacramento/San Francisco								\$4.00				\$4.00	
9/18	16:30	San Francisco/Sacramento								\$4.00				\$4.00	
						-									
(10)	01.15	<u>                                     </u>	400.00	40.00	40.00	<u> </u>				20.00		47.00	40.50	400011	
		SUBTOTALS 188.01 12.00 10.00 54.00 6.00 69.00 17.6 COLUMN CODE (ACCTG USE ONLY)										17.60	12.50	\$369.11	
		и тотаl												\$369.11	
(11)	PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  9/15 Represented State at Institution of Oceanography Ground Breaking Event.  8:00-5														
													HICLE LICENSE NUMBER		
												ILEAGE RA	TE CLAIMED		
	0.55											cents			
(15)	State of	BY CERTIFY That the above is a true staten California. If a privately owned vehicle was was equal to or greater than the rate claime	used, and if m	ileage rates	exceed the r	minimum ra	te, I certify	that the cost of	of operati	ing the					
CLAIMA	0753 an	d 0754 pertaining to vehicle safety and seal GNATURE		DATE		_				ING TRAVEL AND	DAYMENT DATE				
$\triangleright$						$\triangleright$									
(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)										DATE					

						nstructions and *Privacy Page Page Page Page Page Page Page Page							of 1	Pages	
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER * DEPARTM							ENT		
Cynthia Tuck						On File Cal/EP									
Undersecretary CB/ID NUMBER						DIVISION OR BUREAU Office of the Secretary							INDEX NUME	BER	
Unae	ersec	retary				Office	or the	Secret	ary				TELEPHONE	NUMBER	
1001 I Street						1001 I	Street						916.32	24.3708	
STATE ZIP CODE												STATE		ZIP CODE	
Sacra (1) MON		1(3)	CA (4)	CA 95814 (4) (5) MEALS			mento (6)	1	(7)	(7) TRANSPORTATION			9581		
	-09	(0)	(4)		(O) WEXE		(0)	(A)	(B)	(C)	(D)		(6)	(0)	
		LOCATION				N/C, RELO				CARFARE				TOTAL	
(2)	I	WHERE EXPENSES	LODOING	BREAK-	LUNGU	OR	INCIDEN-			TOLLS,		TE CAR USE		EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS		PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
9/19	5:30	Sacramento - Kalispell, MT							Α	\$440.25	16	\$8.80	\$15.00	\$464.05	
9/20	cont.	Kalispell, MT	\$163.50		\$10.00	\$18.00							\$575.00	\$766.50	
9/21	cont.	Kalispell, MT	\$163.50				\$6.00							\$169.50	
9/22	cont.	Kalispell, MT	\$163.50				\$6.00							\$169.50	
9/23	19:30	Kalispell, MT - Sacramento				\$18.00	\$6.00		Park	\$36.00	16	\$8.80	\$15.00	\$83.80	
(10)	SUBT	TOTALS											<u>I</u>		
		JMN CODE (ACCTG USE ONLY)												1,653.35	
		M TOTAL												1 050 05	
(11)		SE OF TRIP, REMARKS AND DETAILS (Attach re	eceipts/vouchers v	vhen required	d)						(12) N	ORMAL W	ORK HOURS	1,653.35	
	Repr	resent CA at Environmental Registration fee; \$15 x 2 for	Council	of State	s Annua	l Meeti	na. Bu	siness	expe	nses are	8:00-5:00 (13) PRIVATE VEHICLE LICENSE NUMBER				
	φ0/0	Registration lee, \$15 x 2 lo	Checking	bay ead	on way.						(13) P	RIVATE VE	HIGLE LIGEN	SE NUMBER	
											(14) N	IILEAGE RA	ATE CLAIMED		
											1 1 - Wick		cents	12 1 1 <del>1   1   1   1   1   1   1   1   1  </del>	
(15)		BY CERTIFY That the above is a true statem California. If a privately owned vehicle was										150 T 111			
	vehicle	was equal to or greater than the rate claimed and 0754 pertaining to vehicle safety and seat	I, and that I have			s prescribed	by SAM Se	ections 075	50, 0751,	0752,	<u> </u>				
CLAIMA	NT'S SIG	GNATURE		DATE	_	(16.) SIGN	NATURE OF	OFFICE	R APPRO	VING TRAVEL A	ND PA	MENT	DATE		
(17.) 27	DECIAL F	EVDENICE ALITHODIZATION CLOMATURE	and TITLE	(Sec 142.00-	17 on rouses								DATE		
(17.) SF	′ECIAL E	EXPENSE AUTHORIZATION - SIGNATURE	and IIILE	(See Item	17 on reverse	<del>!</del> )							DATE		